

REVIEWS.

THE OPERATIVE SURGERY OF MALIGNANT DISEASE. By HENRY L. BUTLIN, F.R.C.S., Assistant Surgeon and Demonstrator of Surgery, St. Bartholomew's Hospital; Late Erasmus Wilson Professor of Pathology to the Royal College of Surgeons. 8vo. pp. viii., 408. Philadelphia: P. Blakiston, Son & Co.

It was time this book was written. The last twenty years have been years of great change in all that pertains to the science of surgery. With the change there has been also marked and notable progress made. But all the changes have not been improvements, and amid the revolutionary upheavals which living surgeons have witnessed, there have come to the surface certain procedures, and a variety of propositions which cannot be expected to survive by any inherent excellence of their own. Time and experience will surely separate that which is valuable from that which is useless, but a careful weighing of the evidence at present obtainable, must be advantageous, and especially must this be the case when the work of judgment is done by one whose writings and whose experience so fully entitle him to the confidence of the profession as Mr. Butlin.

Following on in the line of his previous studies Mr. Butlin has set to himself the task of examining into the treatment at present adopted in cases of malignant disease, and of testing that treatment by the results obtained. There is some danger lest in the great advances made in the treatment of operations, the nature of the disease making operative interference necessary may be lost sight of and operations done which, from the nature of the case, are well nigh desperate. Time was when surgeons always kept in mind the liability of malignant diseases to return, and that liability was added to the risks of the proposed operation in estimating the propriety of its performance, but the comparative impunity with which operations can now be done has led some, altogether and unwisely, to exclude from the equation all reference to this question. One result of this neglect, and the futile operations it has led to, may easily be a disinclination of many to avail themselves of the benefits of proper operations, benefits which, we believe, have become increasingly apparent with passing years.

To estimate properly the wisdom of surgical interference in a given case, not only must the history and progress of that case be examined, but the prognosis given will be largely influenced by its seat—as experience shows that great variations of malignancy exist in different parts of the body when invaded by the same kind of cancer. Therefore, Mr. Butlin studies in succession the different parts of the body as affected by the invasion of malignant disease, and the arrangement of his book is topographical.

In his introduction of some thirty pages are laid down what may be regarded as the general principles which should guide us in arriving at a conclusion, and certain rules of practice formulated. We propose to give to our readers a somewhat detailed account of these conclusions and rules.

Accounting for the sometimes brilliant result which follows a long deferred operation Mr. Butlin says, "When long duration of a malignant tumor is associated with very slow progress, small size, absence of serious adhesions, absence of affection of the neighboring lymphatic glands and of secondary growths, so much the more favorable is the prospect of permanent relief from operation for its removal." The reason for this is that such cases are examples of a slowly growing disease, with less than usual proneness to extend by forming adhesions. But that such cases do occur should not blind us to the fact that they are exceptional, not to be looked for, and they in no way impair the force of the fundamental rule, "that the earlier a cancer is removed so much the more likely is the operation to be permanently successful."

That so many cases only present themselves when the disease has made extensive progress, Mr. Butlin thinks is more generally the fault of patients than of their medical advisers, owing to the natural dread of operative interference on the part of the sufferers. This reluctance it may reasonably be hoped will be in some measure lessened by the improved results obtained of late years, and the shorter and less painful after-treatment involved in modern antiseptic methods. On the other hand, Mr. Butlin thinks that there is need of caution lest these better results lead surgeons into doing more extensive operations than are really necessary, and undertaking some to which there belongs but little hope of any permanent good, and which involve very great risk to the patient.

Our author does not believe that the presence of cancer in an organ necessarily calls for the removal of the entire organ, while he favors cutting far beyond the confines of the disease. This matter is particularly discussed in the chapters on the Uterus and Breast, and in the latter especially he places himself in antagonism to the teaching of Prof. S. W. Gross, but he does so with admirable temper and sustains his position by many cogent arguments. Mr. Butlin is also opposed to exploratory operations for the removal of contiguous glands unless they are manifestly diseased. He refers to the well-known fact that not infrequently glands which were suspiciously enlarged decrease in size after the removal of the primary growth. He further comments upon the fact that Gussenbauer's detection of microscopic evidences in glands adjacent to a cancer of the lip, in twenty-nine out of thirty-two cases, is not in accord with the observation that in a large proportion of such cases (about fifty per cent.) a removal of the original growth is followed by no recurrence *in situ* and no outbreak in the neighboring glands.

In unmeasured terms Mr. Butlin condemns the modern operations for malignant disease of the pylorus, kidney, thyroid, larynx, œsophagus, and the entire body of the uterus; and he shows that not only is the mortality from these operations very great, but that as yet the results, so far as permanent cures are concerned, have been nil. His researches have led him to the conclusion that generally "the larger and more dangerous to life an operation, so much the less likely is it to be permanently successful."

Neither is our author favorable to those last-chance, or rather no-chance operations, undertaken at the solicitation of patients or friends long after all hope of a successful issue is past. He favors sound surgery rather than that which is sentimental, and is of the opinion that were surgeons to follow the example of some "cancer-curer" and select their cases more rigidly, there would follow such an improvement in our statistics as would encourage sufferers from malignant disease to submit themselves for operation at an earlier, and, therefore, more hopeful day.

In the book before us only the question of curative operations is considered, no reference being made to those which are palliative or reparative. Each chapter deals with a distinct part and is systematically arranged, a brief history of the course of the disease with only the absolutely necessary pathological distinctions being first given. The best and most approved methods of operating are then described, and where the operation has been originated by, or is in any way identified with an individual surgeon, full credit is given to him, and, as far as practicable, his description of the procedure is followed.

But no one will turn to this work as an operative manual, or as a pathological treatise. It is with the results of operation that the book deals, and the statistics it contains upon which we must depend to arrive at a conclusion, as regards the results, give to it its special value. These statistics are the latest obtainable and are most carefully analyzed. Mr. Butlin discriminates between the results obtained before the development of antiseptic surgery, and those recorded since, and thinks he sees a manifest improvement for the latter period, and in the formulation of his estimates this point is kept in view.

The question of recurrence is the all-important one, and in common with other writers Mr. Butlin adopts the three year rule, holding that until that time has passed no assurance can be had that the growth will not return. When recurrence takes place at a later day, it is ingeniously argued whether we should not look upon cancer as we do upon pneumonia, and regard the return as a second attack of the disease rather than as an outbreak of the original malady.

The percentage of mortality is calculated upon the number of deaths following a given number of operations; while that of cures is based upon the number of cases alive and well three years after operation, or who have died from other causes after the lapse of that period of time, compared with the total number of cases. Mr. Butlin believes that a better showing would be made were cases kept in view for a longer time, as his experience teaches him that very many will be entirely uninfluenced by gratitude, and will not be at the pains to report themselves so long as they are getting on comfortably. Our own experience coincides with his in a great measure, and he most appositely refers to the case recorded in a very old book, when but ten per cent. of the cures reported themselves to Him who exerted a power over leprosy which is not exercised to-day.

We are unable to follow Mr. Butlin beyond these few introductory pages, and must refer our readers to the book itself, for further and detailed information. In successive chapters sarcomas and carcinomas are carefully studied as they affect the different tissues and the various organs—and the work is done both elaborately and thoroughly. Every effort has been made to present the subject clearly and without prejudice, for, while our author possesses positive convictions of his own, he

does not condemn those of others without careful consideration, and a fair presentation of both sides of the case.

The consequence is that the book is one no practical surgeon can afford to neglect, but which he will consult as containing the best and most recent judgment concerning a class of cases sadly on the increase, yet which the progress of surgery does not leave altogether without hope. Indeed, this book furnishes invaluable data by which to establish those limitations which, at the same time, help to place our expectations upon a surer foundation of reasonable hope. We have read every word it contains, and would urge our readers, in this respect at least, to follow our example. S. A.

THE PRACTICE OF MEDICINE AND SURGERY, APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN. By W. H. BYFORD, A.M., M.D., Professor of Gynecology in Rush Medical College, and of Obstetrics in the Woman's Medical College, etc., and HENRY T. BYFORD, M.D., Surgeon to the Woman's Hospital of Chicago, etc. Fourth edition, revised, rewritten, and very much enlarged, with three hundred and six illustrations. Pp. xxiii., 820. Philadelphia: P. Blakiston, Son & Co., 1888.

As stated in the preface, this valuable work has received such additions as render it fully abreast of the times. It is unnecessary to say that the fresh matter bears the same stamp of originality which characterized the first edition. In the introductory chapter on anatomy, the author reverses the usual order, devoting most of the space to a description of the pelvic roof and floor. This plan may suit the advanced student, but it must certainly be somewhat confusing to the beginner to follow the writer as he skips from the ovaries to the ureters, next to the vagina, then back to the pelvic floor, while the rectum, bladder, and pelvic nerves and vessels come last. It is difficult to discover the method of this unusual sequence. The description of the pelvic connective tissue is rendered confusing through the same lack of order in considering its distribution. The absence of any description of the Fallopian tubes is not less surprising than is the omission of the uterus and its relations. The round ligaments are included among the muscles of the pelvic roof (!). On page 28 we read that the vagina is "attached posteriorly to the cervix and the *sacro-uterine ligaments* (!). Why "*sacro-uterine*," if the latter are attached to the vagina? This statement is not supported by the accompanying figure (13), which, by the way, is rather obscure. The perineum receives the attention which its importance warrants, but it is apt to confuse the general reader to describe the perineum and the perineal body as if they were separate entities. The section on the rectum is full and satisfactory, three pages being devoted to it, but the bladder, an equally important organ, is dismissed in a few lines.

Chapters II. and III., on examination, are unusually exhaustive; in fact, they surpass, in this respect, any text-book in the language. The reader would infer from the minute directions for palpating the normal ovaries that nothing was easier than to feel these organs; as a matter of fact, men of the largest experience acknowledge that they have succeeded in detecting them only under the most favorable conditions, the patient